



101 Monroe Street, 5th Floor, Rockville, MD 20850  
 Tel: (301)948-5409 • Fax: (240)556-0999 • E-mail: [cnrorder@montgomerycountymd.gov](mailto:cnrorder@montgomerycountymd.gov)

## Call-n-Ride (CNR) Application

### SECTION 1 - PERSONAL INFORMATION

Last Name		First Name	
Home #	Cell #	Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F
Email			

### SECTION 2 - HOME ADDRESS

Street Address		Apt #
City	State	Zip Code

### SECTION 3 - MAILING ADDRESS

Street Address/PO Box #		Apt #
City	State	Zip Code

**Do you live in a group, nursing, assisted living or retirement home?**  YES  NO

### SECTION 4 – SECONDARY CONTACT/AUTHORIZED REPRESENTATIVE

*I, the applicant, hereby authorize the individual listed below to act as my liaison on all Call-n-Ride Program matters. Will this person sign the application on your behalf?*  YES  NO

Last Name		First Name	
Relationship		Telephone #	
Email			

### SECTION 5 - LANGUAGE

Do you require an interpreter?  YES  NO      What language do you speak?

### SECTION 6 - HOUSEHOLD INCOME INFORMATION (income for yourself and ALL adults that live in your home)

Source	Amount	Source	Amount
Employment	\$	Pension/Retirement	\$
SSI/SSDI/SS Benefits	\$	Annuity	\$
Survivors Benefits	\$	TCA/TDAP	\$
Unemployment Benefits	\$	Other:	\$
<b>Household Size:</b>	<b>Total Household Monthly Income:</b>		\$

### SECTION 7 - DISABILITY INFORMATION

Do you have a disability?  Yes  No      Do you exclusively require wheelchair accessible taxis?  Yes  No

### SECTION 9 – PHOTOGRAPH

Please provide a recent wallet/passport size photograph of yourself to go on your swipe card. *(Recommended but not required).*

### SECTION 10 – Signature (required)

*The information I have provided is confidential and is to be used only to determine my eligibility to participate in the Call-n-Ride Program. I certify that all information contained on this form is true and accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Call-n-Ride (CNR) APPLICATION INSTRUCTIONS

**PLEASE PRINT CLEARLY AND COMPLETELY – FAILURE TO DO SO WILL RESULT IN DELAYS AS INCOMPLETE AND ILLEGIBLE FORMS MUST BE RETURNED.**

<b>SECTION 1 - PERSONAL INFORMATION</b>	Please provide your name, address, contact numbers and email address.
<b>SECTION 2 - HOME ADDRESS</b>	You <b>must provide your current home address</b> .
<b>SECTION 3 - MAILING ADDRESS</b>	If you prefer to receive your mail at an alternate address, please provide that address here. Provide "In Care of Name" information, if applicable. <b>(ex. c/o John Downy)</b>
<b>SECTION 4 - SECONDARY CONTACT/AUTHORIZED REPRESENTATIVE</b>	You may give a trusted person, such as a partner or caseworker permission to speak with us and act as a liaison for you on all matters related to your Call-n-Ride Program account. If you ever need to change your authorized representative, contact us to request a new Authorized Representative Form. If you're a legally appointed representative for someone on this application, submit proof with the application.
<b>SECTION 5 - LANGUAGE</b>	Indicate if an interpreter is needed and the language you speak.
<b>SECTION 6 - HOUSEHOLD INCOME INFORMATION</b>	Please list ALL sources of income for ALL adult household members.
<b>SECTION 7 - DISABILITY INFORMATION</b>	As required, applicants ages 18-64 must have a disability to participate in the program. <b>If you answered YES and you are 18 to 64 years of age, you must request a Disability Certification Form and have it completed by a licensed physician, physician's assistant, certified registered nurse practitioner or psychologist.</b> Please indicate if you require a wheelchair accessible taxi.
<b>SECTION 8 - PHOTOGRAPH</b>	You may submit a photograph for your Call-n-Ride swipe card, but it is not required.
<b>SECTION 9 - SIGNATURE</b>	Please sign and date the form.

### REQUIRED DOCUMENTS FOR PROGRAM ELIGIBILITY

**Please send one or more of the following documents. THE DOCUMENTS MUST BE CURRENT – WITHIN THE LAST SIX MONTHS.**

<b>PROOF OF AGE:</b>	<ul style="list-style-type: none"> <li>• Copy of Maryland Driver's License or Maryland Identification Card from the MVA (<b>MUST BE CURRENT</b>)</li> <li>• Birth Certificate</li> <li>• Social Security Statement with the date of birth listed on file</li> <li>• Permanent Resident Card or Passport</li> <li>• Any other government issued identification</li> </ul>
<b>PROOF OF CURRENT RESIDENCE IN MONTGOMERY COUNTY:</b>	<ul style="list-style-type: none"> <li>• Recent Social Security Statement</li> <li>• Utility Bill (Gas, Electric, Water, Or Home Telephone Bill)</li> <li>• IRS W-2</li> <li>• Property Tax Bill, Homeowner's Insurance Bill, Monthly Mortgage Statement, Or Residential Rental/Lease Agreement</li> </ul>
<b>INCOME:</b> <i>*For minors (Ages 0-18), please provide a copy of birth certificate, school ID or other proof of birth.</i> <i>*If you currently have no income, please request Certification of Zero Income Form from our office. THIS FORM MUST BE NOTARIZED.</i> <i>If you are receiving support from others, please request Certification of Support Form from our office. THIS FORM MUST BE NOTARIZED.</i>	<ul style="list-style-type: none"> <li>• Social Security Checks, Stubs or Award Letters</li> <li>• Pension Letters</li> <li>• Annuity Statements</li> <li>• IRA Distributions Statement</li> <li>• Last Two Paystubs</li> <li>• Recent Bank Statements (within the last 30 days)</li> <li>• Income Tax Returns Including W-2s, 1099s, etc.</li> </ul>

**Documentation may be submitted via:**

**Fax: (240) 556-0999 • Email: [cnrorder@montgomerycountymd.gov](mailto:cnrorder@montgomerycountymd.gov)**

**Mail or hand-deliver it to the office: 101 Monroe Street. 5th Floor, Rockville, MD 20850**

**For questions contact Call-n-Ride at 301-948-5409, Monday through Friday, 9:00 a.m. to 4:00 p.m.**